

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number	Filing Date
							Applicant(s) <div style="font-size: 1.2em; font-family: cursive;">10/603811</div>	
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	5							
Total Depend	7							
Total Claims	12							